

# TAILS >N TRAILS

## CANINE RUNNING AND WALKING EVENT WASHINGTON CROSSING STATE PARK, NEW JERSEY



**DATE:** SATURDAY, MAY 7, 2005  
**PLACE:** WASHINGTON CROSSING STATE PARK, NEW JERSEY  
BEAR TAVERN ROAD ENTRANCE (ROUTE 579)  
**TIME:** 10:00 A.M.  
**REGISTRATION:** 8:30 A.M. TO 9:45 A.M. SHARP

**COURSE:** RUN: Scenic 2.5 mile course on the trails of Washington Crossing State Park  
WALK: Scenic 2 mile course on the trails of Washington Crossing State Park

**RACE AWARDS:** Awards will be provided as follows: TOP TEN overall dog with female (pink dot), TOP TEN overall dog with male (blue dot), 1<sup>st</sup> shelter dog with female (red star), 1<sup>st</sup> shelter dog with male (blue star), 1<sup>st</sup> dog 25 lbs. or under with female (red dot), 1<sup>st</sup> dog 25 lbs. or under with male (yellow dot), 1<sup>st</sup> dog 75 lbs. and over with female (orange dot), 1<sup>st</sup> dog 75 lbs. and over with male (green dot), 1<sup>st</sup> dog age 6-9 with female age 40-49(master) (silver star), 1<sup>st</sup> dog age 6-9 with male age 40-49(master) (orange square), 1<sup>st</sup> dog age 10 and over with female age 50 and over (veteran) (gold star), 1<sup>st</sup> dog age 10 and over with male age 50 and over (veteran) (green star). No duplicate awards.

**WALK AWARDS:** All finishers will receive a special prize.

**TIMING:** Markers at mile one and two for the run only.

**ENTRIES AND FEE:** \$25, includes t-shirt, bandanna, and bone. LIMITED TO THE FIRST 100 ENTRANTS ONLY  
Make all checks payable to "Cheryl Maccaroni" and mail to 11 Harrison Avenue, Titusville, New Jersey 08560.

**RULES:** Dogs must be on leashes at all times (no longer than 6'). Flex leashes are **not** permitted. You are responsible for picking up after your dog. PLEASE KEEP THE GROUNDS AND PARK AS CLEAN AS YOU FOUND THEM. The race director and/or race veterinarian reserve the right to refuse entry or remove a dog from the course if it might prove hazardous to others or if its physical condition appears to be in jeopardy before or during the race. **PROOF OF CURRENT RABIES VACCINATION AND DOG LICENSE MUST BE SUBMITTED WITH THE APPLICATION**

**IF YOU WOULD LIKE TO BE A SPONSOR OF THIS EVENT** (and/or if you would like to sponsor a particular award) please call Cheryl Maccaroni at (609) 730-1573.

**PARKING:** Registration and parking will be at the race Start/Finish area at the soccer fields (Phillips Farm area).

**NET PROCEEDS WILL BE DONATED TO SMALL DOG RESCUE AND WASHINGTON CROSSING STATE PARK**

**DIRECTIONS:** The Park is located at the intersection of Routes 546 (Washington Crossing-Pennington Road) and 579 (Bear Tavern Road) in Titusville, NJ. From Trenton: go North on Rte. 29 for approximately 7 miles. Turn Right onto Rte. 546 (Tavern on the left and gas station on the right). Continue approximately 1.5 miles. Make a Left onto Bear Tavern Road (Rte. 579). Make first Left into the Park.

Name of Human \_\_\_\_\_ Name of Canine \_\_\_\_\_ Address \_\_\_\_\_  
Age of Human on race day \_\_\_\_\_ Age of Dog on race day \_\_\_\_\_ Sex of Human \_\_\_\_\_ Sex of Dog \_\_\_\_\_ Weight of Dog (current) \_\_\_\_\_  
Rescue/Shelter Dog: Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Shelter \_\_\_\_\_  
T-shirt size (circle one): S M L XL E mail address \_\_\_\_\_

I assume all risks associated with this event. Having read this waiver and in consideration of accepting my application, I hereby agree for myself, my heirs, executor and assigns to waive any and all rights and claims for damages I may have against the event directors, sponsors, volunteers, Prince Associates, Inc., Small Dog Rescue, Inc., Dr. Emmett Wilson, Jr., Cheryl A. Maccaroni, and any other individuals associated with this event and will hold them harmless for any and all injuries suffered in connection with this event. I have been warned that I and my canine partner must be in good health to participate in this event. I give permission for the free use of my name and picture and my canine's name and picture in any broadcast, telecast, newspaper or other print media regarding this event. I also hereby consent to permit emergency treatment to myself and my canine partner in the event of injury or illness.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent or guardian if under 18 \_\_\_\_\_